

County of San Bernardino

FAS

CONTRACT TRANSMITTAL

	FOR COUNTY USE ONLY											
C	ew hanae ancel	Vendor Code			e	SC	Dent.	Α		Contrac	ct Number	
Count	y Depart	ment				Dept. Orgn. Contractor's		s License No.				
	В	ehav	ioral He	ealth	MLH MLH							
Count	y Depart	ment (Contract F	Represen	tative Telephone			Total Contract Amount				
	Jo	ohnn	etta Gil	oson	((909) 387-7747 \$3,0			59,486			
□R	Contract Type Revenue Fncumbered Unencumbered Other:											
If not					t type, provi				ı			
	Commod	lity Co	de			Contract End Date		Original Amount		Amendment Amount		
July			1, 2003 June 30, 2004 \$3,059,486									
Fund	d De	ept.	Organi	zation	Appr.	Obj/Re	ev Source	се	GRC/PROJ/JOB No.		Amount	
AAA	A M	LH	MLH	1		914	5				\$3.059.	486
Fund	d De	ept.	Organi	zation	Appr.	Obj/Re	ev Source	се	GRC/PI	ROJ/JOB No.	Amou	nt
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Fund	d De	ept.	Organi	zation	Appr.	Obj/Re	ev Source	се	GRC/PI	ROJ/JOB No.	Amou	nt
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Project Name				Е	stimated	d Pa	ayment T	otal by Fiscal	Year			
Substance Abuse & Mental			FY		mount		I/D	FY	Amount	I/D		
Health Services			03/04	3,0)59,48	<u> 86</u>						
Administration (SAMHSA)						_						
Block Grant						_						

CONTRACTOR State Department of Mental Health – Planning, Grants & Revenue Enhancement						
Federal ID No. or Social Security No.						
Contractor's Representative William A. Arvitt, Acting Deputy Director, Administrative Services						
Address 1600 9 th Street, Room 130, Sacramento, CA 95814 Phone (916) 654-2378						

Nature of Contract: (Briefly describe the general terms of the contract)

This is the Fiscal Year 2003/2004 application for the Substance Abuse and Mental Health Service Administration (SAMHSA) federal block grant in the amount of \$3,059,486.

This is an annual continuation grant from the federal government through the State Department of Mental Health for the provision of local community mental health services. These funds are used principally to provide outpatient services, including specialized outpatient services for children with serious emotional disturbances (SED), the elderly, individuals with a serious mental illness (SMI) and residents who have been discharged from inpatient treatment at a mental health facility.

JRG:\E:\FYz0304\Grants\SAMHSA\Con-Trans-SAMSHA 0304.doc

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Reviewed for Processing	
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County Counsel		Agency Administrator/CAO	

Auditor/Controller-Recorder Use Only

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Date	Date	Date

Auditor/Controller-Recorder Use Only

☐ Contract Data	base □ FAS		
Input Date	Keyed By		